

## ATTACHMENT 2

### New procedure codes for inpatient and outpatient hospital providers

Effective for dates of service on and after January 1, 2004

Procedure code	Description	Allowable modifier*	Provider type(s)**	Copay	Restrictions
<b>G0306</b>	Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count		61, 62	\$0.00	
<b>G0307</b>	Complete CBC, automated (Hgb, HCT, RBC, WBC; without platelet count)		61, 62	\$0.00	
<b>P9051</b>	Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit		61, 62	\$0.00	
<b>P9052</b>	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit		61, 62	\$0.00	
<b>P9053</b>	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit		61, 62	\$0.00	
<b>P9054</b>	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit		61, 62	\$0.00	
<b>P9055</b>	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit		61, 62	\$0.00	
<b>P9056</b>	Whole blood, leukocytes reduced, irradiated, each unit		61, 62	\$0.00	
<b>P9057</b>	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit		61, 62	\$0.00	
<b>P9058</b>	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit		61, 62	\$0.00	
<b>P9059</b>	Fresh frozen plasma between 8-24 hours of collection, each unit		61, 62	\$0.00	
<b>P9060</b>	Fresh frozen plasma, donor retested, each unit		61, 62	\$0.00	
<b>84156</b>	Protein, total, except by refractometry; urine	26, TC	61, 62	\$0.00	
<b>84157</b>	other source (eg, synovial fluid, cerebrospinal fluid)	26, TC	61, 62	\$0.00	
<b>85055</b>	Reticulated platelet assay	26, TC	61, 62	\$0.00	
<b>85396</b>	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day	26, TC	61, 62	\$0.00	
<b>87269</b>	Infectious agent antigen detection by immunofluorescent technique; giardia	26, TC	61, 62	\$0.00	

\*Allowable modifier

26 = Professional component

TC = Technical component

\*\*Provider Type

Code Description

61 Inpatient Hospital Providers

62 Outpatient Hospital Providers

*Note:* For inpatient hospital services, these procedure codes will be reimbursed as part of the inpatient hospital Diagnosis Related Group (DRG) rate. For outpatient hospital services, these procedure codes will be reimbursed as part of the outpatient rate.

Procedure code	Description	Allowable modifier*	Provider type(s)	Copay	Restrictions
<b>87329</b>	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; giardia	26, TC	61, 62	\$0.00	
<b>87660</b>	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	26, TC	61, 62	\$0.00	
<b>88112</b>	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	26, TC	61, 62	\$0.00	
<b>88361</b>	Morphometric analysis; tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative	26, TC	61, 62	\$0.00	
<b>89220</b>	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	26, TC	61, 62	\$0.00	
<b>89225</b>	Starch granules, feces	26, TC	61, 62	\$0.00	
<b>89230</b>	Sweat collection by iontophoresis	26, TC	61, 62	\$0.00	
<b>89235</b>	Water load test	26, TC	61, 62	\$0.00	
<b>89240</b>	Unlisted miscellaneous pathology test	26, TC	61, 62	\$0.00	